This form is available electronically. U.S. DEPARTMENT OF AGRICULTURE FSA-2119 **PART A - GENERAL INFORMATION** Farm Service Agency (01-20-04) 1. NAME OF BORROWER: **DELINQUENT BORROWER SERVICING** A. LAST NAME B. FIRST NAME C. MIDDLE INITIAL (1951-S) FILE REVIEW QUESTIONNAIRE 2. DATE (MM-DD-YYYY) 4. COUNTY CODE 5. BORROWER IDENTIFICATION NO. 3. STATE CODE 8. STATE ABBREVIATION 6. SERVICE CENTER MAIL CODE 7. DISTRICT NUMBER **PART B - REVIEWER'S INSTRUCTIONS** All "NO" answers (and N/A when judged necessary by the reviewer) require a detailed explanation of the weaknesses identified. General statements are not acceptable. (Furnish attachments and statements to support findings in Part C, **YES** NO N/A Remarks.) 1. Did FLM complete FSA-580 and include it as part of the documentation? 2. Did FLM properly notify all liable parties of their servicing options? 3. Were realistic commodity prices clearly documented and used to develop FSA-431-2? Were realistic commodity/livestock yields clearly documented and used to develop FSA-431-2? 5. Were realistic family living expenses clearly documented and used to develop FSA-431-2? 6. Were realistic operating expenses used to develop FSA-431-2? 7. Were nonfarm income and other farm income verified and properly included in FSA-431-2? 8. Does the debt repayment schedule reflect correct amounts and all creditors? 9. Using realistic inputs, does FSA-431-2 support the final outcome of Loan Servicing? 10. If a complete application was submitted, did the servicing official process the application and run DALR\$ within 60 days? 11. If the borrower was sent FmHA Instruction 1951-S, Exhibit A, Attachments 3 and 4, but did not respond, did FLM initiate liquidation?

value buyout?						
15A. NAME	15B. TITLE	15C. REVIEWER'S SIGNATU	JRE			
		<u> </u>				

12. If a feasible plan was developed, was the borrower sent Exhibit F or Exhibit B? If no feasible plan was developed, was the

13. If FSA was unable to provide PLS assistance, was the borrower sent Attachments 5-A and 6-A or 9-A and 10-A?

borrower sent Exhibit E?

	FSA-2119 (01-20-04)				
A. LAST NAME B. FIRST NAME C. MIDDLE INITIAL		ICIENCIES			
INITIAL	1. NAME OF BORROWER:			D. BORROWER IDENTIFICATION NO.	E. SERVICE CENTER MAIL CODE
REMARKS: All "NO" answers land "N/A" when judged necessary by the reviewer) require a detailed explanation of the weaknesses identified in Part B, Items 1 through 14. (Please include the Item No. with each comment.)	A. LAST NAME	B. FIRST NAME	C. MIDDLE INITIAL		
	REMARKS: All "NO" answers (a in Part B, Items 1 through 14. (P	ind "N/A" when judged ne	ecessary by the co. with each of	e reviewer) require a detailed explanation omment.)	of the weaknesses identified